

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-29-04.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 11/20/03, therefore the following date(s) of service are not timely and are not eligible for this review: 3-26-03 through 3-28-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The office outpatient visit, therapeutic exercises, neuromuscular re-education, traction manual, myofascial release, hot-cold pack therapy and joint mobilization from 4-1-03 through 4-17-03 were **found** to be medically necessary. These services from 4-21-03 through 6-12-03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 7-14-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

- CPT Codes E0745, A4556, and A4630 for date of service 4-21-03 were denied by the requester. In accordance with the 1996 Medical Fee Guideline, part VI of the General Instructions states that regarding "documentation of procedure (DOP) codes: HCPs shall

bill their usual and customary charges. The insurance carrier will reimburse the lesser of

- the billed charge, or the MAR. CPT codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate." Relevant information (i.e. redacted EOBs- with same or similar services- showing amount billed is fair and reasonable) was not submitted by the requestor to confirm that these rates are their usual and customary charge for these services. **Therefore, reimbursement is not recommended.**
- CPT Code 99080-73 for date of service 4-30-03 was denied by the requester. According to 133.307 (e)(2)(A), a copy of all medical bills as originally submitted to the carrier for reconsideration in accordance with 133.304 must be submitted for medical fee issues. **No reimbursement recommended.**

This Findings and Decision is hereby issued this 22nd day of October 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 4-1-03 through 4-17-03 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 22nd day of October 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/da

Enclosure: IRO decision

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NOTICE OF INDEPENDENT REVIEW DECISION

June 10, 2004

Re: IRO Case # M5-04-2339-01 amended 10/12/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is a Doctor of Chiropractic who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service 3/26/03 – 6/12/03
2. Explanation of benefits

3. TWCC 60 5/6/03
4. Report 5/6/03
5. MRI of lumbar spine report 1/23/03
6. Physician bill review findings report
7. Report from treating D.C. 1/23/03
8. ROM, arm lift, torso lift, and leg lift graphs
9. MRI of right shoulder report 1/23/03
10. Treatment notes from treating D.C.
11. Report 3/12/03
12. Behavioral medicine report 5/20/03
13. PPE report 3/3/03
14. TWCC work status report
15. Exercise forms for shoulder and low back from treating D.C.

History

The patient injured her right shoulder and lower back in ____ while she was working as a teacher's assistant and was pulled to the ground by a student. The patient was examined on 3/12/03 and therapeutic exercises, epidural steroid injections and a facet injection to the lumbar spine were recommended. The treating D.C. continued with the therapeutic exercises and with chiropractic treatment through 6/12/03.

Requested Service(s)

Office outpatient visit, therapeutic exercises, neuromuscular re education, traction manual, myofascial release, hot/cold pack therapy, joint mobilization, 4/1/03 – 6/12/03

Decision

I agree with the carrier's decision to deny the requested services after 4/17/03

I disagree with the decision to deny the requested services through 4/17/03.

Rationale

The patient received a fair trial of chiropractic treatment prior to the dates in dispute with favorable results. Her response to treatment was slow and erratic, but was positive prior to and including some of the disputed dates of service. The documentation provided for this review supports treatment through 4/17/03. After 4/17/03, the documentation failed to show any relief of symptoms or improved function, and the patient's VAS was never documented below three. The patient was placed at MMI on 5/6/03, but based on the records provided for this review, this could have been done around 4/17/03. Treatment after 4/17/03 was not beneficial to the patient, and services after that date were excessive, over utilized and inappropriate.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP